



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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www.ofa.org, A not-for-profit organization

Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA)
and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



American College of Veterinary Internal Medicine

Registered name: AT LAST CATS CHARLI PURRIFICORN

Call name: CHARLI Weight: ☐ kg ☒ lbs 17
Estimate

Breed: MAINE COON Gender: M

Sire Registration #: SBV4422038 Dam Registration #: SBV45219447

Registration Number: ☐ AKC ☒ Other
SBV071233030

ID Number (if any): ☐ Tattoo ☒ Microchip
956000015024659

Date of Birth: (MMDDYY) 071223 Date of Exam: (MMDDYY) 100525

Owner Name: MARIE HARAMAN

Co-Owner Name: CHRIS CONDON Phone: _____

Owner Address: 169 CLINTON RD

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Cardiologist Name: Ben Lisa Souper DVM, DACVIM

Phone #: _____ OFA Examiner #: CS32

E-Mail (use both lines if needed): _____

Fees and credit card information on back of WHITE sheet.
12/01/20



C137660

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Normal ☒ Abnormal ☐ Arrhythmia ☐

Murmur Grade: I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐

PMI: Left ☐ Right ☐ Base ☐ Apex ☐

Timing: Systolic ☐ Diastolic ☐ Continuous ☐

Extra Sounds: Click ☐ Gallop ☐ Split S1 ☐ Split S2 ☐

ECHOCARDIOGRAM (REQUIRED)

RV: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐ _____ mm

RA: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐ _____ mm

LV: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐

LVIDd: 18 mm LVIDdn: _____ mm (MM ☐ 2D ☒)

LVIDs: 10 mm LVIDsn: _____ mm (MM ☐ 2D ☒)

LV EDVI (2D): _____ mL/m² LV ESVI (2D): _____ mL/m²

SF: 53 % (MM ☐ 2D ☐) EF (2D volumetric): _____ %

IVS: IVSd 5.2 mm Normal ☒ Abnormal ☐ (MM ☐ 2D ☒)

PW: PWd 5.4 mm Normal ☒ Abnormal ☐ (MM ☐ 2D ☒)

LA: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐

LAd: 15.7 mm SAd ☐ LAd ☐ (MM ☐ 2D ☐) EPSS: _____ mm

Ao Diameter: 10.1 mm LA/Ao: 1.5 Method: _____

TV: Normal ☒ Abnormal: Mild ☐ Moderate ☐ Severe ☐

TR: None ☒ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. _____ m/s

MV: Normal ☒ Abnormal: Mild ☐ Moderate ☐ Severe ☐

MR: None ☒ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. _____ m/s

LVOT: Normal ☒ Abnormal ☐ Ridge ☐ Other _____

LVOT Vel: Normal ☒ Abnormal ☐ _____ m/s

AoV: Normal ☒ Abnormal: Mild ☐ Moderate ☐ Severe ☐

AoV Vel: Normal ☒ Abnormal ☐ (Apical ☐ Subcostal ☐) _____ m/s

AR: None ☒ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ _____ m/s

RVOT: Normal ☒ Infundibular narrowing ☐ Vmax (if abnormal) _____ m/s

RVOT Vel: Normal ☐ Abnormal ☐ _____ m/s

PV: Normal ☒ Abnormal ☐ Mild ☐ Moderate ☐ Severe ☐

PV Vel: Normal ☒ Abnormal ☐ (Right ☐ Left apex ☐) _____ m/s

Comments _____

Genetic Test Status Test: _____

Negative ☐ Abnormal: Heterozygous ☐ Homozygous ☐

ELECTROCARDIOGRAM ☒ NOT PERFORMED

Date: _____ ☐ normal ☐ abnormal

HR: _____ Method: _____

Rhythm: _____

EXAMINATION RESULTS

NORMAL (CHECK ALL THAT APPLY)

☒ No evidence for congenital heart disease

☒ No evidence for adult-onset inherited heart disease
Valid for 1 year

☐ Holter monitor required within 90 days for final clearance
(see back of white form for additional information)

EQUIVOCAL (CHECK ALL THAT APPLY)

☐ Congenital heart disease cannot be definitively diagnosed nor excluded

☐ Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded

ABNORMAL (CHECK ALL THAT APPLY)

☐ Evidence of congenital heart disease

☐ Evidence of adult-onset inherited heart disease

Diagnosis: ☐ ARVC ☐ ASD ☐ DCM ☐ MVD ☐ MMVD
☐ PDA ☐ PS ☐ SAS/AS ☐ TVD ☐ VSD
☐ Other
☐ Arrhythmia

Severity: ☐ Mild ☐ Moderate ☐ Severe

Comments (additional findings which would not result in a final abnormal diagnosis): _____

☒ I DID verify microchip/tattoo on this dog

☐ I DID NOT verify microchip/tattoo on this dog

☐ NO MICROCHIP/TATTOO PRESENT

Signature: _____ Date: 10/5/2015

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology),
or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)

WHITE = Owner/OFA Registration copy
PINK = Diplomate copy
YELLOW = Research copy © Orthopedic Foundation for Animals